

Foster Family Home - Corrective Action Report

Provider ID: 1-622482

Home Name: Rowena Cenence, CNA

Review ID: 1-622482-6

843 Hoomoana Street

Reviewer: David Ayling

Pearl City

HI 96782

Begin Date: 2/14/2020

Foster Family Home

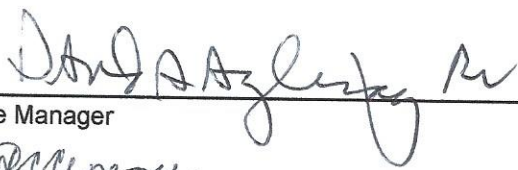
Required Certificate

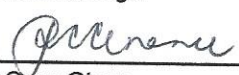
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual Home inspection for a 3 person CCFFH.
No deficiencies.


Compliance Manager


Primary Care Giver

2/14/20
Date

2/14/20
Date